

CERTIFICATE OF DEATH

REGISTRAR'S NO.

3018
1960

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY Maricopa

B. LENGTH OF STAY
IN THIS TOWN 24 yrs
IN ARIZONA 24 yrs

2. USUAL RESIDENCE

A. STATE Arizona

(WHERE DECEASED LIVED.
IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
B. COUNTY MaricopaC. CITY
OR
TOWN Phoenix☒ IN CITY LIMITS
☐ OUTSIDE CITY LIMITSC. CITY
OR
TOWN Phoenix ☐ OUTSIDE CITY LIMITSD. FULL NAME OF
HOSPITAL OR
INSTITUTION Arizona State HospitalD. STREET (IF RURAL GIVE LOCATION) E. IS RESIDENCE ON A FARM?
ADDRESS 706 West Taylor St. YES ☐ NO ☐3. NAME OF
DECEASED
(TYPE OR PRINT)

A. (FIRST) OTTIE B. (MIDDLE) TRIG C. (LAST) BELL

4. SEX F 5. COLOR OR RACE Caucasian

6A. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (SPECIFY)
Widowed

6B. NAME OF SPOUSE

7. DATE OF BIRTH
MONTH 12 DAY 4 YEAR 18978. AGE (IN YEARS)
LAST BIRTHDAY 62IF UNDER 1 YEAR
MONTHS DAYSIF UNDER 24 HRS.
HOURS MIN.9A. USUAL OCCUPATION (GIVE KIND OF
WORK DURING MOST OF LIFE EVEN IF RETIRED)
Housewife9B. KIND OF BUSI-
NESS OR INDUSTRY
Home10. BIRTHPLACE (STATE
OR FOREIGN COUNTRY)
Texas11. CITIZEN OF WHAT
COUNTRY?
U.S.A.12. WAS DECEASED EVER IN U. S. ARMED FORCES?
(YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
No13. SOCIAL SECURITY
NO.
unk.14A. FATHER'S NAME
Jim Hubbard14B. BIRTHPLACE
(STATE OR COUNTRY)
Texas15A. MOTHER'S MAIDEN NAME
Theda High15B. BIRTHPLACE
(STATE OR COUNTRY)
Texas

16. INFORMANT'S SIGNATURE

ADDRESS

Arizona State Hospital Records

17. DATE
OF
DEATH(MONTH) (DAY) (YEAR)
April 13, 1960

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER
LINE FOR (A), (B), (C).THIS DOES NOT MEAN THE
MODE OF DYING, SUCH AS
HEART FAILURE, ASTHMA,
ETC. IT MEANS THE DISEASE,
INJURY, OR COMPLICATION
WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH:

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE
CAUSE (A) STATING THE UN-
DERLYING CAUSE LAST.II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

PLACE DISEASE CONTRACTED.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

MEDICAL CERTIFICATION

(A) Bronchopneumonia.

Cerebral tumor involving hypothalamus
and frontal lobes of unknown
etiology.

DUE TO (C)

INTERVAL BETWEEN
ONSET AND DEATH
3 days

About 6 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-19-57 TO 4-13-60, THAT I LAST SAW THE DECEASED
ALIVE ON 4-13-60, AND THAT DEATH OCCURRED AT 8:05 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE

(DEGREE OR TITLE)

22B. ADDRESS

22C. DATE SIGNED

23A. ACCIDENT
SUICIDE
HOMICIDE
NATURAL CAUSE

(SPECIFY)

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME,
FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR)
OF
INJURY23E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL ☒
CREMATION ☐ REMOVAL ☐25B. DATE
Apr 15, 196025C. NAME OF CEMETERY OR CREMATORY
Greenwood25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Phoenix, Arizona26A. DATE REC.
BY LOCAL REG.26B. REGISTRAR'S SIGNATURE
Bessie Johnson27A. FUNERAL DIRECTOR'S SIGNATURE
P. Lee Moore27B. ADDRESS
A. L. Moore & Sons, Phoenix

28A. EMBALMER'S SIGNATURE

28B. EMBALMER'S
CERT. NO.
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